



KILLEEN PARKS & RECREATION

REGISTRATION FORM

KILLEEN COMMUNITY CENTER

2201 E. VETERANS MEMORIAL BLVD. , KILLEEN, TX 76541
 PHONE: 254-501-8889 FAX: 254-526-9210
 OFFICE HOURS: MON-FRI 8 AM – 5PM
 SUN: CLOSED

FAMILY RECREATION CENTER

1700-A E. STAN SCHLUETER LOOP , KILLEEN, TX 76542
 PHONE: 254-501-6391 FAX: 254-501-6388
 OFFICE HOURS: MON-FRI 5AM – 10PM; SAT 7AM – 8PM
 SUN: 12PM – 6PM

PLEASE CHECK ONE:

- ☐ Co-Ed 6U FLAG FOOTBALL (AGES 5-6)
 ☐ Co-Ed 8U FLAG FOOTBALL (AGES 7-8)
- ☐ Co-Ed 4Y SOCCER (AGE 4)
 ☐ Co-Ed 6U SOCCER (AGES 5-6)
 ☐ Co-Ed 8U SOCCER (AGES 7-8)
- ☐ Co-Ed 10U SOCCER (AGES 9-10)
 ☐ Co-Ed 12U SOCCER (AGES 11-12)
 ☐ Co-Ed 14U SOCCER (AGES 13-14)

PARENT/GUARDIAN INFORMATION *(PLEASE PRINT)*

 MOTHER'S NAME PRIMARY PHONE SECONDARY PHONE E-MAIL ADDRESS

 FATHER'S NAME PRIMARY PHONE SECONDARY PHONE E-MAIL ADDRESS

PLAYER'S INFORMATION *(PLEASE PRINT)*

FIRST NAME MI LAST NAME

STREET ADDRESS CITY ZIP CODE

DOES YOUR CHILD, LISTED ABOVE, HAVE A SIBLING THAT YOU WANT MATCHED ON THE SAME TEAM? ☐ YES ☐ NO

SIBLINGS' NAME: _____

SCHOOL INFORMATION *(PLEASE PRINT)*

SCHOOL NAME: _____

WHICH HIGH SCHOOL IS YOUR CHILD ZONED:

- ☐ ELLISON HIGH SCHOOL
☐ HARKER HEIGHTS HIGH SCHOOL
☐ KILLEEN HIGH SCHOOL
☐ SHOEMAKER HIGH SCHOOL

PREVIOUS PLAYING EXPERIENCE:

- ☐ RECREATIONAL LEAGUE
☐ TRAVEL/SELECT BALL
☐ BOTH RECREATIONAL & SELECT
☐ NONE

FLAG FOOTBALL/WINTER SOCCER:

MY CHILD'S AGE AS OF SEPTEMBER 1ST OF THE CURRENT CALENDAR YEAR WILL BE _____ YEARS OLD.

SUMMER SOCCER:

MY CHILD'S AGE AS OF MAY 1ST OF THE CURRENT CALENDAR YEAR WILL BE _____ YEARS OLD.

T-SHIRT SIZE: ☐ YOUTH SM ☐ YOUTH MD ☐ YOUTH LG ☐ ADULT SM ☐ ADULT MD ☐ ADULT LG ☐ ADULT XL

SHORT SIZE: ☐ YOUTH SM ☐ YOUTH MD ☐ YOUTH LG ☐ ADULT SM ☐ ADULT MD ☐ ADULT LG ☐ ADULT XL

HAVING BEEN INFORMED OF THE ORGANIZATION OF THE CITY OF KILLEEN - KILLEEN PARKS & RECREATION TO PROVIDE SUPERVISED (ACTIVITY) GAMES FOR BOYS AND GIRLS, WE THE PARENTS/GUARDIANS OF THE ABOVE NAMED CANDIDATE, DO HEREBY GIVE OUR APPROVAL OF HIS/HER PARTICIPATION IN ANY AND ALL OF THE ACTIVITIES DURING THE CURRENT SEASON. WE DO ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND WE DO HEREBY **RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS** THE CITY OF KILLEEN — KILLEEN PARKS AND RECREATION, THE ORGANIZERS, SPONSORS AND SUPERVISORS AND/OR ALL OF THEM. IN CASE OF INJURY TO OUR CHILD, WE HEREBY WAIVE ALL CLAIM AGAINST THE ORGANIZERS, THE SPONSORS, OR ANY OF THE SUPERVISORS APPOINTED BY THEM. IN ADDITION, I WILL ABIDE BY THE RULES STATED IN THE LEAGUE BY-LAWS OF THE KILLEEN PARKS AND RECREATION DEPARTMENT.

 PARENT/GUARDIAN'S SIGNATURE

 DATE

REGISTRATION FEE: PLEASE WRITE PLAYER'S NAME ON YOUR CHECK OR MONEY ORDER. A \$5.00 HANDLING CHARGE APPLIES ON ALL REFUNDS; REGISTRATION FEES ARE NOT REFUNDABLE AFTER KPR'S FIRST LEAGUE GAME.

OFFICE USE ONLY

LEAGUE: _____

DATE RECEIVED: _____

METHOD OF PAYMENT: _____

KPR STAFF INITIAL: _____